

**SAMPLE POSITIVE NOTICE FOR BC PRENATAL PROGRAM**

STATE OF WISCONSIN

DEPARTMENT OF HEALTH AND FAMILY SERVICES, Division of Health Care Financing

DEPARTMENT OF WORKFORCE DEVELOPMENT, Division of Workforce Solutions

HCF 16015 (Rev. 03/05)

**NOD****POSITIVE NOTICE**

Case Name Jane Doe	Case Number 1234567890	Date 1-06-06
Address (City, State, Zip Code) 1234 Main St., Anywhere, Wisconsin, 12345		

**Child Care Assistance**

- ☐ Your application for Child Care Assistance has been approved effective \_\_\_\_\_. Contact your worker to request a Child Care Authorization. You must have an authorization in order for your child care provider to be paid.

**Wisconsin Works (W-2)**

- ☐ (Circle one) Your application for W-2, Job Access Loan and/or Emergency Assistance has been approved effective \_\_\_\_\_. Your first payment will be \$\_\_\_\_\_ for the month(s) of \_\_\_\_\_. After this, you will receive \$\_\_\_\_\_ each month. Your first payment will be sent on or about \_\_\_\_\_ and you can expect delivery in one to three days from this date.
- ☐ Your W-2 payment will be increased to \$\_\_\_\_\_ per month, effective \_\_\_\_\_ because \_\_\_\_\_.

**FoodShare Wisconsin**

- ☐ Your application for FoodShare benefits has been approved for the certification period beginning \_\_\_\_\_ and ending \_\_\_\_\_. You will soon receive FoodShare benefits in the amount of \$\_\_\_\_\_ for the month(s) of \_\_\_\_\_. After this, you will receive \$\_\_\_\_\_ in FoodShare benefits each month. To continue receiving FoodShare benefits, a review is required at the end of your certification period.

If you have never had a Wisconsin QUEST card, one will be mailed to you. If you no longer have your QUEST card, contact QUEST Customer Service Help Line.

- ☐ Your FoodShare benefits have been increased to \$\_\_\_\_\_ effective \_\_\_\_\_ because \_\_\_\_\_.

**Medicaid / BadgerCare**

- ☒ Your application for Medicaid / BadgerCare has been approved for the period beginning 01-01-06 \_\_\_\_\_.
- ☒ Medicaid / BadgerCare has been approved for the following people Jane Doe, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- ☒ Your Medicaid / BadgerCare "Forward" identification card will be mailed on or about 1-13-06. You can expect delivery in one to three days from this date.
- ☐ Your premium or liability has decreased to \$\_\_\_\_\_ per month, effective \_\_\_\_\_ because \_\_\_\_\_.

If you do not agree with your Medicaid / BadgerCare, FoodShare benefits or Child Care Assistance decision, you can request a fair hearing. **Please see the enclosed for information about fair hearings.**

If you disagree with a W-2 decision, you can ask for a Fact Finding Review. You must ask for the review within 45 days from the date of the notice, or within 45 days from the effective date of the decision announced in this notice, whichever is later.

If you have questions please contact

County/tribal social or human service agency or W-2 agency

Distribution:

Recipient – original

Case file – copy